Recipient Committee Campaign Statement (Government Code Sections 84200-84216.5)	Type or print in ink.		Date Stamp	CA	CALIFORNIA 2001/02 FORM		
	Statement covers period from 10/01/2011	Date of election if applicable: (Month, Day, Year)		Pag	ge 1 of 49 For Official Use Only		
SEE INSTRUCTIONS ON REVERSE	through_12/31/2011						
1. Type of Recipient Committee: All Committee	ees - Complete Parts 1,2,3, and 4.	2. Type of Stateme	nt:	·			
 ☐ Officeholder, Candidate Controlled Committee ☐ State Candidate Election Committee ☐ Recall (Also Complete Part 5.) ☐ General Purpose Committee ☐ Sponsored ☐ Small Contributor Committee ☐ Political Party/Central Committee 	Ballot Measure Committee	☐ Pre-election Stater ☐ Semi-annual State ☐ Termination Stater ☐ Amendment (Expla	ment nent ain below)	Specia	erly Statement al Odd-Year Report emental Preelection nent - Attach Form 495		
3. Committee Information	I.D.NUMBER 1322759	Treasurer(s)			_		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE Yes on 29 - Californians for a Cure, Sponsored by the American Ca American Lung Association in California, American Heart Associa STREET ADDRESS (NO P.O. BOX)	ancer Society California Division, Inc.,	NAME OF TREASURER Roman J. Bowser MAILING ADDRESS					
CITY STATE ZIP COD Sacramento CA 95814	E AREA CODE/PHONE (707)822-8084	CITY Los Angeles	STATE CA	ZIP CODE 90017	AREA CODE/PHONE (213) 291-7012		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO	OX .	NAME OF ASSISTANT TREASUR Eric Batch	KEK, IF ANY				
CITY STATE ZIP COD	E AREA CODE/PHONE	MAILING ADDRESS					
OPTIONAL: FAX/E-MAIL ADDRESS		CITY Los Angeles OPTIONAL: FAX/E-MAIL ADDRE	STATE CA	ZIP CODE 90017	AREA CODE/PHONE (213) 291-7093		
		OF HONAL. I AME-WAIL ADDICE					
4. Verification I have used all reasonable diligence in preparing and r is true and complete. I certify under penalty of perjury to Executed on 04/10/2012 By Eric Batch Executed on 04/10/2012 By Eric Batch Executed on 04/10/2012 By Eric Batch		ornia that the foregoing is true ar	nd correct.	ein and in the	attached schedules		
Executed on By	NI ROLLING OFFICEHOLDER, CANDIDATE, STATE						
Executed on By	SIGNATURE OF CONTROLLING OFFICEHOLDER	· · · · · · · · · · · · · · · · · · ·		FPPC Toll-Fre	FPPC Form 460 (June/01) se Helpline: 866/ASK-FPPC State of California		

Recipient Committee Campaign Statement Cover Page - Part 2

CALIFORNIA FORM	460
FORM	

Page 2 of 49

Officeholder or Candidate Controlle	d Committee	6. Ballot Measure Co	ommittee			
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE				
		Imposes Additional Tax on Cig	arettes for Cancer	Research. Initiative S	Statute. Propo	sition
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	RICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT
		29	Statewide			OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP	Identify the controlling off	iceholder, candi	date, or state mea	sure propo	nent, if any.
		NAME OF OFFICEHOLDER, CA	ANDIDATE, OR PR	OPONENT		
Related Committees Not Included in this S not included in this statement that are controlled by you or a contributions or to make expenditures on behalf of your car	re primarily formed to receive	OFFICE SOUGHT OR HELD		DIS	TRICT NO. IF	ANY
COMMITTEE NAME	I.D.NUMBER	7. Primarily Formed which this committee is prima	rily formed.			or candidate(s) Ffo
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OF	R CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)		NAME OF OFFICEHOLDER OF	R CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT
CITY STATE Z	P CODE AREA CODE/PHONE					OPPOSE
COMMITTEE NAME	I.D.NUMBER	NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OF	R CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)	YES NO					OPPOSE
			- L	ah aata Maraa		
CITY STATE Z	P CODE AREA CODE/PHONE	Atta	ch continuation	sheets if necessa	ry	

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

int in ink.
be rounded dollars.

from 10/01/2011

through $\underline{\frac{12/31}{2011}}$

CALIFORNIA 460

of $\frac{49}{}$

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 29 - Californians for a Cure, Sponsored by the American Cancer Society California Division, Inc., American Lung Association in California, American Heart Association and Cancer Research Doctors

I.D. NUMBER 1322759

Page 3

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
Monetary Contributions Schedule A, Line 3	\$310,629.30	\$584,583.30	General Elections
2. Loans Received Schedule B, Line 7	\$0.00	\$318,500.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$310,629.30	\$903,083.30	20. Contribution Received \$.00 \$.00
4. Nonmonetary Contributions Schedule C, Line 3	\$143,387.18	\$486,118.37	O4 Funnality
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$454,016.48	\$1,389,201.67	21. Expenditures
Expenditures Made			Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$84,930.77	\$338,428.02	Candidates
7. Loans Made Schedule H, Line 7	\$0.00	\$0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$84,930.77	\$338,428.02	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$33,786.24	\$259,467.88	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3	\$143,387.18	\$486,118.37	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$262,104.19	\$1,084,014.27	
Current Cash Statement			
12. Beginning Cash Balance Previous Summary Page, Line 16	\$20,642.63	To calculate Column B, add amounts in Column A to the	
13. Cash Receipts Column A, Line 3 above	\$310,629.30	corresponding amounts	
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$0.00	from Column B of your last report. Some amounts in	
15. Cash Payments Column A, Line 8 above	\$84,930.77	Column A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$246,341.16	figures that should be subtracted from previous	
If this is a termination statement, Line 16 must be zero.		period amounts. If this is the first report being filed	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$0.00	for this calendar year, only carry over the amounts	
Cash Equivalents and Outstanding Debts		from Lines 2, 7, and 9 (if any).	*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.
18. Cash Equivalents See instructions on reverse	\$0.00	-	amorent nom amounts reported in Column b.
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$577,967.88	-	FPPC Form 460 (June/01 FPPC Toll-Free Helpline: 866/ASK-FPPC

162705

Type or print in ink. Amounts may be rounded to whole dollars.

SCH		

Monetary	Contributions Received		o whole dollars.	Statement covers period from 10/01/2011		CALIFORNIA 460	
SEE INSTRUCTIO	ONS ON REVERSE			through	11	Page .	4 of 49
NAME OF FILER	-			_1		I.D. Nu	ımber
Yes on 29 - Califo Research Doctors	ornians for a Cure, Sponsored by the American Cancer Society Califo	ornia Division, Inc., Am	erican Lung Association in California,	American Heart Associa	ation and Cancer	132275	59
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR \(\) (JAN. 1 - DEC	YEAR	PER ELECTION TO DATE (IF REQUIRED)
10/26/2011	American Cancer Society, California Division, Inc. Oakland, CA 94612	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$25,000.00	\$536,783.36		
12/14/2011	American Lung Association in California Oakland, CA 94621	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$250,000.00	\$334,000.00		
12/7/2011	David W. Anderson Orinda, CA 94563	IND COM OTH PTY SCC	BDC Advisors Healthcare Consultant	\$100.00	\$100.00		
10/11/2011	Diana Ashkenasy Montebello, CA 90640	IND COM OTH PTY SCC	Pasadena City College Library Media	\$100.00	\$100.00		
11/22/2011	Linda C. Avlakeotes Redwood City, CA 94061	IND COM OTH PTY SCC	None Retired	\$100.00	\$100.00		
			SUBTOTA	L			
Schedule	A Summary				+	Nama 4 miles	Cadaa
1. Amount red	ceived this period - contributions of \$100 or more. I Schedule A subtotals.)			\$306,950.00	IN		
2. Amount red	ceived this period - unitemized contributions of les	s than \$100		\$3,679.30		TH - Other	
3. Total mone	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, 0			\$310,629.30		TY - Politic CC - Small	cal Party Contributor Committee

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 160

Statement covers period

-				from10/01/201	1	F	ORM TOO
SEE INSTRUCTION	NS ON REVERSE			through12/31/201	1	Page	
Yes on 29 - Califor Research Doctors	rnians for a Cure, Sponsored by the American Cancer Society Californians	ornia Division, Inc., Ame	erican Lung Association in California,	American Heart Associat	ion and Cancer	13227:	59
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
11/17/2011	Balazs Ernie Bodai Carmichael, CA 95608	IND COM OTH PTY SCC	Kaiser Permanente Surgeon	\$500.00	\$500.00		
11/22/2011	Carol Boettcher Irvine, CA 92612	IND COM OTH PTY SCC	SpeakerPower, Inc. Office Manager	\$100.00	\$100.00		
11/27/2011	Victor P. Bonfilio San Francisco, CA 94114	IND COM OTH PTY SCC	Victor P. Bonfilio, JD, Ph.D. Psychologist	\$100.00	\$100.00		
11/29/2011	Lori Greenstein Bremner Sonoma, CA 95476	IND COM OTH PTY SCC	Orion Partners Property Manager	\$100.00	\$100.00		
11/2/2011	John Briscoe Novato, CA 94949	IND COM OTH PTY	John Briscoe, Ivester and Bazel, LLP Attorney	\$200.00	\$200.00		

SUBTOTAL

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHE	A = A	(CONT

CALIFORNIA /

				from10/01/201	1		ORM TO
SEE INSTRUCTIOI	NS ON REVERSE			through	1	Page	_6 of 49
NAME OF FILER				•		I.D. N	umber
Yes on 29 - Califor Research Doctors	nians for a Cure, Sponsored by the American Cancer Society Califo	ornia Division, Inc., Ame	erican Lung Association in California,	American Heart Associat	ion and Cancer	13227	59
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
11/22/2011	Ron Bucher Sunnyvale, CA 94087	IND COM OTH PTY SCC	None Unemployed	\$300.00	\$300.00		
11/4/2011	Kathleen Cain-Carrithers Fresno, CA 93711	IND COM OTH PTY	Valley Health System Chief Financial Officer	\$100.00	\$100.00		
11/28/2011	Gilbert Chu Palo Alto, CA 94303	IND COM OTH PTY SCC	Stanford University Professor	\$100.00	\$100.00		
11/4/2011	Jennie R. Cook Larkspur, CA 94939	IND COM OTH PTY SCC	None Retired	\$1,000.00	\$1,000.00		
12/17/2011	Diane Davis Yorba Linda, CA 92886	IND COM OTH PTY	None Retired	\$100.00	\$100.00		

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

SUBTOTAL

Statement covers period

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

				from10/01/20	11	F	ORM TOO
SEE INSTRUCTIO	ONS ON REVERSE			through12/31/20	11	Page .	7 of 49
NAME OF FILER						I.D. No	umber
Yes on 29 - Califo Research Doctors	rnians for a Cure, Sponsored by the American Cancer Society Californians	ornia Division, Inc., Am	erican Lung Association in California,	American Heart Associa	ation and Cancer	132275	59
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
11/4/2011	Denis Ducey San Leandro, CA 94577	IND COM OTH PTY SCC	None Retired	\$500.00	\$500.00		
10/29/2011	Clifford Eke Stockton, CA 95206	IND COM OTH PTY SCC	Kaiser Permanente Surgeon	\$1,500.00	\$1,500.00		
11/14/2011	Edward B. Fassiotto San Luis Obispo, CA 93405	IND COM OTH PTY SCC	Santa Maria-Bonita School District Coordinator of Maintenance, Operations & Facilities	\$100.00	\$100.00		
11/29/2011	Gail P. Ramos Lung Cancer Foundation, Inc. Fairfield, CA 94534	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$500.00	\$500.00		
11/28/2011	Stanton A. Glantz San Francisco, CA 94122	IND COM OTH PTY SCC	University of California, San Francisco Professor	\$200.00	\$200.00		

SUBTOTAL

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink. Amounts may be rounded to whole dollars.

0011551		_ ^	COLIT
SCHEDI	л	$\vdash A$	(CONT.

Monetary Contributions Received			nts may be rounded whole dollars.	Statement covers period from 10/01/2011			CALIFORNIA 460		
SEE INSTRUCTION	NS ON REVERSE			through	1	Page_	8 of 49		
NAME OF FILER Yes on 29 - Califor Research Doctors	nians for a Cure, Sponsored by the American Cancer Society Californ	nia Division, Inc., Am	erican Lung Association in California,	American Heart Associat	ion and Cancer	I.D. Nu 132275			
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)		
11/28/2011	Bonnie Godfrey Costa Mesa, CA 92627	IND COM OTH PTY SCC	Curci Asset Management Project Manager	\$100.00	\$100.00				
11/4/2011	John M. Greif La Jolla, CA 92037	IND COM OTH PTY SCC	Bay Area Breast Surgeons, Inc. Physician	\$500.00	\$500.00				
10/30/2011	Gaylene Hall Elk Grove, CA 95624	IND COM OTH PTY SCC	Ingram Entertainment Key Account Manager	\$100.00	\$100.00				
10/31/2011	Kathleen N. Hull Oakland, CA 94611	■ IND □ COM □ OTH □ PTY □ SCC	Kathleen N. Hull, Psychologist Psychologist	\$250.00	\$250.00				
11/16/2011	Carol L. Jackson Long Beach, CA 90802	IND COM OTH PTY SCC	Macy's Retail Executive	\$1,000.00	\$1,000.00				

SUBTOTAL

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 160

Statement covers period

				from10/01/201	1	F	ORM TOO
SEE INSTRUCTIOI	NS ON REVERSE			through 12/31/201	1	Page	
NAME OF FILER Yes on 29 - Califor Research Doctors	rnians for a Cure, Sponsored by the American Cancer Society Califor	rnia Division, Inc., Am	erican Lung Association in California,	American Heart Associat	tion and Cancer	I.D. N 13227:	
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
11/4/2011	Jeffrey Kean Pasadena, CA 91104	■ IND □ COM □ OTH □ PTY □ SCC	Bank of America Banker	\$100.00	\$100.00		
11/4/2011	Howard B. Kleckner Palo Alto, CA 94303	■ IND □ COM □ OTH □ PTY □ SCC	Kaiser Permanente Oncologist	\$1,000.00	\$1,000.00		
11/28/2011	Eleanor Klein Costa Mesa, CA 92626	■ IND □ COM □ OTH □ PTY □ SCC	None Retired	\$1,000.00	\$1,000.00		
11/10/2011	James Knox Sacramento, CA 95818	■ IND □ COM □ OTH □ PTY □ SCC	American Cancer Society Government Relations	\$1,000.00	\$1,000.00		
11/4/2011	Stephanie Lane Atherton, CA 94027	IND COM OTH PTY	None Philanthropist	\$1,000.00	\$1,000.00		

□ scc

SUBTOTAL

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDI	II = \	

CALIFORNIA

Statement covers period

				from10/01/201	11	F	ORM TOO
SEE INSTRUCTIO	ONS ON REVERSE			through	11	Page	_10 of 49
NAME OF FILER				1		1	lumber
Yes on 29 - Califo Research Doctors	ornians for a Cure, Sponsored by the American Cancer Society Cali	ifornia Division, Inc., Am	erican Lung Association in California,	American Heart Associa	tion and Cancer	13227	59
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
11/4/2011	Cynthia M. Le Blanc Richmond, CA 94804	■ IND □ COM □ OTH □ PTY □ SCC	None Retired	\$1,000.00	\$1,000.00		
11/4/2011	Eva K. Lean San Juan Capistrano, CA 92675	IND COM OTH PTY SCC	Onco Therapies Radiation Oncologist	\$1,000.00	\$1,000.00		
11/8/2011	R. Christopher Locke San Anselmo, CA 94960	IND COM OTH PTY SCC	Farella Braun & Martel Attorney	\$100.00	\$200.00		
11/4/2011	Raymond J. Melrose Los Angeles, CA 90045	IND COM OTH PTY SCC	Oral Pathology Associates, Inc. Co-Owner	\$1,000.00	\$1,000.00		
11/4/2011	Helen A. Mendel Palo Alto, CA 94301	IND COM	All Pro Promotions Company President	\$100.00	\$100.00		

COM OTH PTY \square scc

	ΓAL

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.
Amounts may be rounded to whole dollars.

0011551		_ ^	COLIT
SCHEDI	л	$\vdash A$	(CONT.

CALIFORNIA ACO

Statement covers period

•				from10/01/201	1	F	ORM 400
SEE INSTRUCTION	DNS ON REVERSE			through	1	Page	of 49
NAME OF FILER Yes on 29 - Califo Research Doctors	ornians for a Cure, Sponsored by the American Cancer Society Calif	fornia Division, Inc., Am	erican Lung Association in California,	American Heart Associa	tion and Cancer	I.D. N 13227	umber 59
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
11/29/2011	Frederick J. Meyers Sacramento, CA 95864	IND COM OTH PTY SCC	University of California Physician	\$1,000.00	\$1,000.00		
11/4/2011	Kimberley Mulvihill Park City, UT 84098	IND COM OTH PTY SCC	KPIX-CBS Reporter	\$1,000.00	\$1,000.00		
11/4/2011	Laura Nathan Lafayette, CA 94549	IND COM OTH PTY SCC	Mills College/UC Berkeley Professor	\$200.00	\$200.00		
11/22/2011	Hanh T. Nguyen San Jose, CA 95116	IND COM OTH PTY SCC	Vinh Quy Nguyen, MD Manager	\$100.00	\$100.00		
12/31/2011	Rebecca Perata Rosati Alameda, CA 94501	IND COM OTH PTY	Vox Populi Owner	\$100.00	\$100.00		

SUBTOTAL

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Mack Roach

Christy A. Russell

Altadena, CA 91001

Georgia Robins Sadler

La Jolla, CA 92037

San Francisco, CA 94118

Type or print in ink.
Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received			to whole dollars.		ers period	CALIFORNIA 460		
SEE INSTRUCTION	IS ON REVERSE			through 12/31/2011	1	Page	12 of 49	
NAME OF FILER Yes on 29 - Californ Research Doctors	nians for a Cure, Sponsored by the American Cancer Society California	Division, Inc., Amo	erican Lung Association in California, A	American Heart Associati	ion and Cancer	I.D. N 13227	umber 59	
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)	
11/28/2011	Jon Q. Reynolds Concord, CA 94520	IND COM OTH PTY SCC	Reynolds & Brown Real Estate Develpment & Management	\$1,000.00	\$1,000.00			
12/1/2011	Carolyn F. Rhee Chatsworth, CA 91311	IND COM	County of Los Angeles Medical Center Chief Executive	\$100.00	\$100.00			

Officer

Physician

UC San Francisco, Department of Radiation Oncology Radiation Oncologist

University of Southern California

UCSD Moores Cancer Center

Associate Director

\$1,000.00

\$1,000.00

\$100.00

☐ OTH ☐ PTY ☐ SCC

☐ COM ☐ OTH ☐ PTY ☐ SCC

IND

COM
OTH
PTY

SCC

☐ COM ☐ OTH ☐ PTY ☐ SCC

IND

SUBTOTAL	

\$1,000.00

\$1,000.00

\$100.00

*Contributor Codes

IND - Individual

11/4/2011

11/29/2011

10/29/2011

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA ACO

Statement covers period

•				from10/01/2011		FORM 400	
SEE INSTRUCTIO	ONS ON REVERSE			through	1	Page	of49
NAME OF FILER Yes on 29 - Califo Research Doctors	ornians for a Cure, Sponsored by the American Cancer Society Californ	ia Division, Inc., Am	nerican Lung Association in California,	American Heart Associa	tion and Cancer	I.D. N 13227:	umber 59
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)
11/4/2011	Mark Segal Arcadia, CA 91006	IND COM OTH PTY SCC	Nigro, Karlin, Segal & Feldstein Accountant	\$10,000.00	\$10,000.00		
11/4/2011	Diane Singleton Sebastopol, CA 95472	IND COM OTH PTY SCC	O'Brien Watters & Davis, LLP Attorney	\$100.00	\$100.00		
11/4/2011	Georjean Stoodt Davis, CA 95616	IND COM OTH PTY SCC	Preventative Medicine Specialist, Georjean Stoodt Preventative Medicine Specialist	\$500.00	\$500.00		
11/24/2011	Technical Safety Services Berkeley, CA 94710	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$100.00	\$100.00		
11/22/2011	Lisa Troedson Portola Valley, CA 94028	IND COM	None Homemaker	\$100.00	\$100.00		

COM OTH PTY \square scc

\sim 1	IDI	 ΓΑΙ
->1	IKI	 1 41

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE A (CONT	NT.
------------------	-----

CALIFORNIA /

Statement covers period

•				from10/01/201	1	F	ORM 400
SEE INSTRUCTIOI	NS ON REVERSE			through	1	Page .	14 of 49
NAME OF FILER						I.D. No	umber
Yes on 29 - Califor Research Doctors	mians for a Cure, Sponsored by the American Cancer Society Califo	ornia Division, Inc., Am	erican Lung Association in California,	American Heart Associa	tion and Cancer	132275	59
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
12/1/2011	George Zimmer Fremont, CA 94538	IND COM OTH PTY SCC	The Men's Wearhouse Executive	\$500.00	\$500.00		
11/22/2011	Suzanne Zurinaga San Francisco, CA 94127	IND COM OTH PTY SCC	Suzanne Zurinaga, Interior Designer Interior Designer	\$100.00	\$100.00		
		☐ IND☐ COM☐ OTH☐ PTY☐ SCC					
		☐ IND☐ COM☐ OTH☐ PTY☐ SCC					
		☐ IND☐ COM☐ OTH☐ PTY☐ SCC					
			SUBTOTAL	\$306,950.00			

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Schedule B - Part 1 **Loans Received**

Type or print in ink.
Amounts may be rounded to whole dollars.

	SCHEDULE B - PART 1
Statement covers period	CALIFORNIA 460
om	FORM 40U

					·			
SEE INSTRUCTIONS ON REVERSE					through	2011	Page <u>15</u>	of <u>49</u>
NAME OF FILER							I.D. NUMBER	
Yes on 29 - Californians for a Cure, Sponsored by the Research Doctors	American Cancer Society California	n Division, Inc., Amer	rican Lung Associat	tion in California, A	merican Heart Assoc	iation and Cancer	1322759	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
HOPE 2010 Cure Cancer (Perata Ballot Measure Committee) Sacramento, CA 95814				PAID				CALENDAR YEAR
Committee ID: 1274538 Memo Reference: PAY73				FORGIVEN	\$20,000.00	% RATE	\$20,000.00	\$0.00 PER ELECTION**
•		\$20,000.00			11/2/2010		2/25/2010	
☐ IND ■ COM ☐ OTH ☐ PTY ☐ SCC					DATE DUE		DATE INCURRED	
HOPE 2010 Cure Cancer (Perata Ballot Measure Committee) Sacramento, CA 95814				PAID	\$20,000.00		\$20,000.00	CALENDAR YEAR
Committee ID: 1274538 Memo Reference: PAY77				FORGIVEN	\$20,000.00	% RATE	\$20,000.00	PER ELECTION**
		\$20,000.00			11/2/2010		3/3/2010	
☐ IND ■ COM ☐ OTH ☐ PTY ☐ SCC					DATE DUE		DATE INCURRED	
HOPE 2010 Cure Cancer (Perata Ballot Measure Committee) Sacramento, CA 95814 Committee ID: 1274538				PAID	\$50,000.00	%	\$50,000.00	\$0.00
Memo Reference: PAY85				FORGIVEN		RATE		PER ELECTION**
		\$50,000.00			11/2/2010			
☐ IND ■ COM ☐ OTH ☐ PTY ☐ SCC					DATE DUE		DATE INCURRED	
		SUBTOTALS						
Schedule B Summary 1. Loans received this period	a loss than \$100)				\$0.00	_	(Enter (e) on Schedule E, Line 3)	
(Total Column (b) plus unitemized loans	s less than \$100.)				\$0.00			
2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that		dule A.)			φυ.υυ		* Amounts forg another party a reported on So	liven or paid by also must be hedule A.
3. Net change this period. (Subtract Lin Enter the net here and on the Summary					Net \$0.00 (may be a neg	gative number)	** If required.	
*Contributor Codes IND-Individual COM-Recipient Committee (committee)	other than PTY or SCC)	OTH-Other PTY	'-Political Party	SCC-Small Cor	ntributor Committee	EDD	FPPC Fo	orm 460 (June/01)

Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded to whole dollars.

	SCHEDULE B - PART 1
Statement covers period	CALIFORNIA 460
from10/01/2011	FORM 40U

SEE INSTRUCTIONS ON REVERSE					through	2011	Page _16	of <u>49</u>
NAME OF FILER Yes on 29 - Californians for a Cure, Sponsored by the Research Doctors	American Cancer Society California	Division, Inc., Ame	rican Lung Associat	tion in California, A	merican Heart Assoc	iation and Cancer	I.D. NUMBER 1322759	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
HOPE 2010 Cure Cancer (Perata Ballot Measure Committee) Sacramento, CA 95814 Committee ID: 1274538 Memo Reference: PAY89				PAID FORGIVEN	\$20,000.00	% RATE	\$20,000.00	\$0.00 PER ELECTION**
☐ IND ■ COM ☐ OTH ☐ PTY ☐ SCC		\$20,000.00			11/2/2010 DATE DUE		3/15/2010 DATE INCURRED	
HOPE 2010 Cure Cancer (Perata Ballot Measure Committee) Sacramento, CA 95814 Committee ID: 1274538 Memo Reference: PAY118				PAID	\$40,000.00		\$40,000.00	\$0.00 PER ELECTION**
☐ IND ■ COM ☐ OTH ☐ PTY ☐ SCC		\$40,000.00			11/2/2010 DATE DUE		3/23/2010 DATE INCURRED	
HOPE 2010 Cure Cancer (Perata Ballot Measure Committee) Sacramento, CA 95814 Committee ID: 1274538 Memo Reference: PAY106		\$20,000.00		PAID	\$20,000.00 11/2/2010 DATE DUE	% %	\$20,000.00 3/30/2010 DATE INCURRED	\$0.00 PER ELECTION**
		SUBTOTALS						
Schedule B Summary 1. Loans received this period (Total Column (b) plus unitemized loans	s less than \$100.)						Enter (e) on Schedule E, Line 3)	
2. Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that) paid or forgiven.)	dule A.)					* Amounts forg another party a reported on Sc	iven or paid by Iso must be hedule A.
3. Net change this period. (Subtract Line Enter the net here and on the Summary					Net (may be a ne	gative number)	** If required.	
*Contributor Codes IND-Individual COM-Recipient Committee (c	other than PTY or SCC)	OTH-Other PTY	′-Political Party	SCC-Small Cor	tributor Committee	FPPC	FPPC Fo	rm 460 (June/01) : 866/ASK-FPPC

Schedule B - Part 1 **Loans Received**

Type or print in ink. Amounts may be rounded

SCHEDULE B - PART	1

Statement covers period

CALIFORNIA to whole dollars. 10/01/2011 from 12/31/2011 Page <u>17</u> through SEE INSTRUCTIONS ON REVERSE LD NUMBER NAME OF FILER Yes on 29 - Californians for a Cure, Sponsored by the American Cancer Society California Division, Inc., American Lung Association in California, American Heart Association and Cancer 1322759 Research Doctors (a) OUTSTANDING IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE **AMOUNT** AMOÙNT PAID OUTSTANDING INTÈREST ORIĞİNAL CUMÜLATIVE OCCUPATION AND EMPLOYER BALANCE RECEIVED OR FORGIVEN BALANCE AT PAID THIS AMOUNT OF CONTRIBUTIONS OF LENDER (IF SELF-EMPLOYED, ENTER **BEGINNING THIS** THIS PERIOD THIS PERIOD* **CLOSE OF THIS** PERIOD LOAN TO DATE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) NAME OF BUSINESS) PERIOD PERIOD HOPE 2010 Cure Cancer (Perata Ballot Measure CALENDAR YEAR PAID Committee) Sacramento, CA 95814 \$50,000.00 0.00 \$50,000.00 \$0.00 Committee ID: 1274538 Memo Reference: PAY120 PER ELECTION** RATE FORGIVEN \$50,000.00 11/2/2010 4/7/2010 \square IND \blacksquare COM \square OTH \square PTY \square SCC DATE INCURRED DATE DUE HOPE 2010 Cure Cancer (Perata Ballot Measure **CALENDAR YEAR** PAID Committee) Sacramento, CA 95814 \$20,000.00 \$20,000.00 \$0.00 Committee ID: 1274538 Memo Reference: PAY125 RATE PER ELECTION** FORGIVEN \$20,000.00 11/2/2010 4/12/2010 □IND ■ COM □ OTH □PTY □ SCC DATE DUE DATE INCURRED HOPE 2010 Cure Cancer (Perata Ballot Measure **CALENDAR YEAR** PAID Committee) Sacramento, CA 95814 \$60,000.00 \$60,000.00 \$0.00 Committee ID: 1274538 Memo Reference: PAY168 PER ELECTION** RATE FORGIVEN \$60,000.00 11/2/2010 4/27/2010 □IND ■ COM □ OTH □PTY □ SCC DATE DUE DATE INCURRED **SUBTOTALS Schedule B Summary** (Enter (e) on Schedule E, Line 3) 1. Loans received this period. (Total Column (b) plus unitemized loans less than \$100.) * Amounts forgiven or paid by another party also must be reported on Schedule A. 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.) 3. Net change this period. (Subtract Line 2 from Line 1.) Net ** If required. (may be a negative number) Enter the net here and on the Summary Page, Column A, Line 2. *Contributor Codes

PTY-Political Party

SCC-Small Contributor Committee

OTH-Other

IND-Individual

COM-Recipient Committee (other than PTY or SCC)

Schedule B - Part 1 **Loans Received**

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE B	- PART
------------	--------

Statement covers period

Loans Received		Amounts may be rounded to whole dollars.			Statement co	•	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE					through	011	Page	of <u>49</u>	
NAME OF FILER				<u> </u>			I.D. NUMBER		
Yes on 29 - Californians for a Cure, Sponsored by the Research Doctors	American Cancer Society California	Division, Inc., Amer	ican Lung Associat	ion in California, A	merican Heart Associa	ation and Cancer	1322759		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
HOPE 2010 Cure Cancer (Perata Ballot Measure Committee) Sacramento, CA 95814				PAID				CALENDAR YEAR	
Committee ID: 1274538	<u></u>				\$3,500.00	%	\$3,500.00	\$0.00	
Memo Reference: PAY189	<u>=</u>			FORGIVEN		RATE		PER ELECTION**	
		\$3,500.00			11/2/2010		6/17/2010		
☐ IND ■ COM ☐ OTH ☐ PTY ☐ SCC					DATE DUE		DATE INCURRED		
HOPE 2010 Cure Cancer (Perata Ballot Measure Committee) Sacramento, CA 95814				PAID				CALENDAR YEAR	
Committee ID: 1274538					\$15,000.00	%	\$15,000.00	\$0.00	
Memo Reference: PAY192				FORGIVEN		RATE		PER ELECTION**	
		\$15,000.00			11/2/2010		6/22/2010		
☐ IND ■ COM ☐ OTH ☐ PTY ☐ SCC					DATE DUE		DATE INCURRED		
				PAID				CALENDAR YEAR	
				FORGIVEN		% RATE		PER ELECTION**	
☐IND ☐COM☐OTH☐PTY☐SCC					DATE DUE		DATE INCURRED		
		SUBTOTALS			\$318,500.00				
Schedule B Summary 1. Loans received this period							(Enter (e) on Schedule E, Line 3)		
(Total Column (b) plus unitemized loans	s less than \$100.)					Г			
 Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that 		dule A.)					* Amounts forg another party a reported on Sc	iven or paid by Iso must be hedule A.	
3. Net change this period. (Subtract Line Enter the net here and on the Summary					Net (may be a nega	ative number)	** If required.		
*Contributor Codes IND-Individual COM-Recipient Committee (c	ther than PTY or SCC)	OTH-Other PTY	-Political Party	SCC-Small Cor	ntributor Committee	FPPC	FPPC Fo	rm 460 (June/01)	

Schedule B - Part 2 Loan Guarantors

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE B - PART 2
Statement covers period	CALIFORNIA 460
from10/01/2011	FORM TOO
through <u>12/31/2011</u>	Page 19 of 49

SEE INSTRUCTIONS ON REVERSE			th	rough <u>12/31/2011</u>		Page <u>19</u>	of 49
NAME OF FILER Yes on 29 - Californians for a Cure, Sponsored by the A Research Doctors	American Cancer Society	California Division, Inc., American Lu	ng Association in California, Amer	ican Heart Association and	l Cancer	I.D. Number 1322759	
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMUI TO D		BALANCE OUTSTANDING TO DATE
	☐ IND ☐ COM		LENDER		CALENDA	R YEAR	
	OTH PTY SCC		DATE		PER ELE (IF REQU	CTION IRED)	
	☐ IND ☐ COM		LENDER		CALENDA	R YEAR	
	OTH PTY SCC		DATE		PER ELE (IF REQL	CTION IRED)	
			LENDER		CALENDA	R YEAR	
	☐ COM ☐ OTH ☐ PTY ☐ SCC		DATE		PER ELE (IF REQU	CTION IRED)	
	□IND		LENDER		CALENDA	R YEAR	
	☐ COM ☐ OTH ☐ PTY ☐ SCC		DATE		PER ELE (IF REQU	CTION IRED)	
			SUBTOT	AL	Enter Summary	on Page,	

Type or print in ink.
Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 460
from10/01/2011	FORM TOO
4h massark 12/31/2011	- 20 40

NAME OF FILE	alifornians for a Cure, Sponsored by the American Cancer	Society California D	ivision, Inc., American Lung Assoc		an Heart Association a	and Cancer	I.D. Numb 1322759	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATI DATI CALENDAF (JAN 1 - D	E R YEAR	PER ELECTION TO DATE (IF REQUIRED)
10/31/2011	American Cancer Society, California Division, Inc. Oakland, CA 94612	□ IND □ COM ■ OTH □ PTY □ SCC		Staff Training; In-Kind Date: 10/1/11 - 10/31/11	\$37.00	\$536,783.36		
10/31/2011	American Cancer Society, California Division, Inc. Oakland, CA 94612	□ IND □ COM ■ OTH □ PTY □ SCC		Postage; In-Kind Date: 10/1/11 - 10/31/11	\$8.40	\$536,783.36		
10/31/2011	American Cancer Society, California Division, Inc. Oakland, CA 94612	☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC		Staff Time; In-Kind Date: 10/1/11 - 10/31/11; no \$5,000 contribution on one day	\$33,761.23	\$536,783.36		
10/31/2011	American Cancer Society, California Division, Inc. Oakland, CA 94612	□ IND □ COM ■ OTH □ PTY □ SCC		Travel Expenses; In-Kind Date: 10/1/11 - 10/31/11	\$3,222.27	\$536,783.36		
Attach ad	dditional information on appropriately labele	ed continuation	sheets.	SUBTOTAL	\$143,387.18			

1. Amount received this period - nonmonetary contributions of \$100 or more.		*Contributor Codes
(Include all Schedule C subtotals.)	\$143,387.18	IND - Individual COM- Recipient Committee
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	\$0.00	(other than PTY or SCC) OTH - Other
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)		PTY - Political Party SCC - Small Contributor Committee

Type or print in ink.
Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 460
from 10/01/2011	FORM 400
4b	D 21 6.40

NAME OF FILE	ifornians for a Cure, Sponsored by the American Cancer So	ociety California D	ivision, Inc., American Lung Assoc	iation in California, A		ugh 12/31/2011 n Heart Association a	nd Cancer	Page <u>21</u> I.D. Number 1322759	of 49
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION (GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULA DA' CALENDA (JAN 1 -	TE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
10/31/2011	American Cancer Society, California Division, Inc. Oakland, CA 94612	☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC		Meeting Expenses; Date: 10/1/11 - 10/3	In-Kind 1/11	\$3,091.36	\$536,783.36	5	
10/31/2011	American Cancer Society, California Division, Inc. Oakland, CA 94612	☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC		Printing & Publicati In-Kind Date: 10/1/ 10/31/11	ons; 11 -	\$484.24	\$536,783.36	5	
10/31/2011	American Cancer Society, California Division, Inc. Oakland, CA 94612	☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC		Supplies; In-Kind D 10/1/11 - 10/31/11	rate:	\$211.04	\$536,783.36	5	
10/31/2011	American Cancer Society, California Division, Inc. Oakland, CA 94612	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		Legal Fees; In-Kind 10/1/11 - 10/31/11	Date:	\$167.50	\$536,783.36	5	
Attach ad	ditional information on appropriately labeled	d continuation	sheets.	SUBTO	TAL				
Schedule	e C Summary								
(Include 2. Amount 3. Total no	received this period - nonmonetary contribution all Schedule C subtotals.)received this period - unitemized nonmoned monetary contributions received this period so 1 and 2. Enter here and on the Summar	ary contribution	ons of less than \$100				INE CO	other tha H - Other Y - Political	II t Committee an PTY or SCC)

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE C

Statement covers period
from 10/01/2011

CALIFORNIA 460

FORM

SEE INSTRUC	TIONS ON REVERSE				thro	ugh <u>12/31/2011</u>		Page <u>22</u>	of 49
NAME OF FILE	R lifornians for a Cure, Sponsored by the American Cancer Sc	ciety California Di	ivision, Inc., American Lung Assoc	iation in California, A	America	n Heart Association a	nd Cancer	I.D. Numbe 1322759	er
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION (GOODS OR SERV		AMOUNT/ CUMULATIV FAIR MARKET CALENDAR VALUE (JAN 1 - DE		ΓΕ AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
11/9/2011	Yes on 29, American Cancer Society Cancer Action Network Inc. and American Cancer Society Inc. Ballot Committee Washington, DC 20004	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		Training Program 11/8/11-11/9/11		\$750.00	\$4,686.23		
11/9/2011	Yes on 29, American Cancer Society Cancer Action Network Inc. and American Cancer Society Inc. Ballot Committee Washington, DC 20004	□ IND ■ COM □ OTH □ PTY □ SCC		Staff Services 11/8/11-11/9/11		\$2,887.19	\$4,686.23		
11/30/2011	Yes on 29, American Cancer Society Cancer Action Network Inc. and American Cancer Society Inc. Ballot Committee Washington, DC 20004	□ IND ■ COM □ OTH □ PTY □ SCC		Staff Services 11/1/11-11/30/11		\$1,049.04	\$4,686.23		
11/30/2011	American Cancer Society, California Division, Inc. Oakland, CA 94612	□ IND □ COM ■ OTH □ PTY □ SCC		Printing & Publicati In-Kind Date: 11/1/1 11/30/11	ions; 11 -	\$348.58	\$536,783.36		
Attach ad	ditional information on appropriately labeled	continuation	sheets.	SUBTO	OTAL				
Schedul	e C Summary								
1. Amount (Include 2. Amount 3. Total no	received this period - nonmonetary contribution all Schedule C subtotals.)received this period - unitemized nonmonet nmonetary contributions received this period es 1 and 2. Enter here and on the Summary	ary contribution	ons of less than \$100				INE CO	other tha H - Other Y - Political I	Il t Committee an PTY or SCC)

Type or print in ink.
Amounts may be rounded to whole dollars.

		SCHEDULE C
Stat	ement covers period 10/01/2011	CALIFORNIA 460

SEE INSTRUC	TIONS ON REVERSE				thro	ough 12/31/2011		Page <u>23</u>	of 49		
NAME OF FILE	R lifornians for a Cure, Sponsored by the American Cancer So	ociety California D	ivision, Inc., American Lung Assoc	iation in California, A	America	n Heart Association a	nd Cancer	I.D. Number 1322759	er		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION (GOODS OR SERV		AMOUNT/ CUMULATIV FAIR MARKET CALENDAR VALUE (JAN 1 - DE		FAIR MARKET CALENDAR		TE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
11/30/2011	American Cancer Society, California Division, Inc. Oakland, CA 94612	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		Meeting Expenses; I Date: 11/1/11-11/30	In-Kind /11	\$1,282.05	\$536,783.36	5			
11/30/2011	American Cancer Society, California Division, Inc. Oakland, CA 94612	□ IND □ COM ■ OTH □ PTY □ SCC		Legal Fees; In-Kind 11/1/11 - 11/30/11	Date:	\$105.50	\$536,783.36				
11/30/2011	American Cancer Society, California Division, Inc. Oakland, CA 94612	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		Professional Fees; In Date: 11/1/11 - 11/3		\$543.00	\$536,783.36	;			
11/30/2011	American Cancer Society, California Division, Inc. Oakland, CA 94612	□ IND □ COM ■ OTH □ PTY □ SCC		Supplies; In-Kind D 11/1/11 - 11/30/11	rate:	\$97.00	\$536,783.36				
Attach ad	ditional information on appropriately labeled	d continuation	sheets.	SUBTO	OTAL						
Schedul	e C Summary										
1. Amount (Include	received this period - nonmonetary contributal Schedule C subtotals.)	tions of \$100	or more.				INI	ontributor Co D - Individua M- Recipier			
3. Total no	received this period - unitemized nonmonet nmonetary contributions received this period es 1 and 2. Enter here and on the Summary	d.					OT PT	other th H - Other Y - Political	an PTY or SCC)		

Type or print in ink.
Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 460
from10/01/2011	FORM TOO

	TIONS ON REVERSE				thro	ugh <u>12/31/2011</u>		Page <u>24</u>	of 49		
NAME OF FILE Yes on 29 - Ca Research Docto	lifornians for a Cure, Sponsored by the American Cancer So	ociety California D	ivision, Inc., American Lung Assoc	iation in California, A	America	n Heart Association a	and Cancer	I.D. Numbe 1322759	r 		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION (GOODS OR SERV		FAIR MARKET CALEND		FAIR MARKET CALENDAR		TE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
11/30/2011	American Cancer Society, California Division, Inc. Oakland, CA 94612	□ IND □ COM ■ OTH □ PTY □ SCC		Travel Expenses; In- Date: 11/1/11 - 11/3		\$2,329.29	\$536,783.36	5			
11/30/2011	American Cancer Society, California Division, Inc. Oakland, CA 94612	□ IND □ COM ■ OTH □ PTY □ SCC		Staff Time; In-Kind 11/1/11 - 11/30/11; 1 \$5,000 contribution day	no	\$46,753.07	\$536,783.36	5			
11/30/2011	American Cancer Society, California Division, Inc. Oakland, CA 94612	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		Postage; In-Kind Da 11/1/11 - 11/30/11	nte:	\$68.74	\$536,783.36	5			
11/30/2011	American Cancer Society, California Division, Inc. Oakland, CA 94612	□ IND □ COM ■ OTH □ PTY □ SCC		Copying; In-Kind D 11/1/11 - 11/30/11	ate:	\$13.81	\$536,783.36				
Attach ad	ditional information on appropriately labeled	l continuation	sheets.	SUBTO	OTAL						
Schedul	e C Summary										
(Include 2. Amount 3. Total no	received this period - nonmonetary contribution all Schedule C subtotals.)received this period - unitemized nonmonet mmonetary contributions received this period es 1 and 2. Enter here and on the Summary	ary contribution	ons of less than \$100				INI CC	H - Other Y - Political F	I t Committee an PTY or SCC)		

Type or print in ink.
Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 460
from10/01/2011	FORM 400
through <u>12/31/2011</u>	Page 25 of 49

SEE INSTRUC	ETIONS ON REVERSE				thro	ugh <u>12/31/2011</u>		Page 25	of 49
Yes on 29 - Ca Research Docto	lifornians for a Cure, Sponsored by the American Cancer S	ociety California Di	ivision, Inc., American Lung Assoc	iation in California, A	merica	n Heart Association a	nd Cancer	1322759	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION O GOODS OR SERVI		AMOUNT/ CUMULAT FAIR MARKET VALUE CALENDA (JAN 1 - I		ΓΕ AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
2/31/2011	American Lung Association in California Oakland, CA 94621	☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC		Staff Time; In-Kind 10/1/11 - 12/31/11; r \$5,000 contribution day	10	\$9,000.00	\$334,000.00		
12/31/2011	American Heart Association, Inc. Dallas, TX 75231	☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC		Staff Time; In-Kind 10/1/11 - 12/31/11; r \$5,000 contribution day	10	\$9,391.00	\$83,064.74		
12/31/2011	American Heart Association, Inc. Dallas, TX 75231	☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC		Travel Expenses; In- Date: 10/1/11 - 12/3		\$190.65	\$83,064.74		
12/31/2011	American Cancer Society, California Division, Inc. Oakland, CA 94612	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		Printing & Publication In-Kind Date: 12/1/11-12/31/11	ons;	\$96.44	\$536,783.36		
Attach ad	ditional information on appropriately labele	d continuation	sheets.	SUBTO	TAL				
Sahadul	o C Summon.								
1. Amount (Include 2. Amount 3. Total no	e C Summary received this period - nonmonetary contribution all Schedule C subtotals.) received this period - unitemized nonmone nmonetary contributions received this period es 1 and 2. Enter here and on the Summar	tary contribution	ons of less than \$100				INE CO	other that H - Other Y - Political	II t Committee an PTY or SCC)

Type or print in ink.
Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 460
from10/01/2011	FORM 400
4h-ra.rah 12/31/2011	26 . 40

NAME OF FILE	ifornians for a Cure, Sponsored by the American Cancer So	ociety California D	ivision, Inc., American Lung Assoc	iation in California, A		n Heart Association a	and Cancer	Page 26 I.D. Number 1322759	of 49		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		DESCRIPTION OF GOODS OR SERVICES		AMOUNT/ FAIR MARKET VALUE CUMULAT DAT CALENDA (JAN 1 - I		FAIR MARKET CALENDA		PER ELECTION TO DATE (IF REQUIRED)
12/31/2011	American Cancer Society, California Division, Inc. Oakland, CA 94612	□ IND □ COM ■ OTH □ PTY □ SCC		Legal Fees; In-Kind 12/1/11-12/31/11	Date:	\$268.70	\$536,783.36				
12/31/2011	American Cancer Society, California Division, Inc. Oakland, CA 94612	☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC		Travel Expenses; In Date: 12/1/11-12/31	-Kind /11	\$1,720.80	\$536,783.36				
12/31/2011	American Cancer Society, California Division, Inc. Oakland, CA 94612	☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC		Postage; In-Kind Da 12/1/11-12/31/11	ate:	\$13.44	\$536,783.36				
12/31/2011	American Cancer Society, California Division, Inc. Oakland, CA 94612	□ IND □ COM ■ OTH □ PTY □ SCC		Copying; In-Kind D 12/1/11-12/31/11	ate:	\$0.48	\$536,783.36				
Attach ad	ditional information on appropriately labeled	continuation	sheets.	SUBTO	OTAL						
	e C Summary										
(Include 2. Amount : 3. Total nor	received this period - nonmonetary contributed all Schedule C subtotals.)received this period - unitemized nonmonet monetary contributions received this periodes 1 and 2. Enter here and on the Summary	ary contribution	ons of less than \$100				IND CO OTI PTY	other tha H - Other Y - Political ∣	al t Committee an PTY or SCC)		

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE C

Statement covers period from 10/01/2011

CALIFORNIA 460

FORM

NAME OF FILE	ifornians for a Cure, Sponsored by the American Cancer So	ciety California D	ivision, Inc., American Lung Assoc	iation in California, A		ugh 12/31/2011 n Heart Association a	nd Cancer	Page <u>27</u> I.D. Number 1322759	of <u>49</u>
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION (GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULAT DAT CALENDA (JAN 1 - [E R YEAR	PER ELECTION TO DATE (IF REQUIRED)
12/31/2011	American Cancer Society, California Division, Inc. Oakland, CA 94612	□ IND □ COM ■ OTH □ PTY □ SCC		Meeting Expenses; I Date: 12/1/11-12/31	In-Kind /11	\$138.55	\$536,783.36		
12/31/2011	American Cancer Society, California Division, Inc. Oakland, CA 94612	□ IND □ COM ■ OTH □ PTY □ SCC		Supplies; In-Kind D 12/1/11-12/31/11	ate:	\$16.04	\$536,783.36		
12/31/2011	American Cancer Society, California Division, Inc. Oakland, CA 94612	□ IND □ COM ■ OTH □ PTY □ SCC		Staff Time; In-Kind 12/1/11-12/31/11; nd contribution on one	o \$5,000	\$25,340.77	\$536,783.36		
		IND COM OTH PTY SCC							
Attach ad	ditional information on appropriately labeled	continuation	sheets.	SUBTO	TAL	\$143,387.18			
Schedule	e C Summary								
(Include 2. Amount 3. Total no	received this period - nonmonetary contributall Schedule C subtotals.)received this period - unitemized nonmonetal monetary contributions received this period and 2. Enter here and on the Summary	ary contribution	ons of less than \$100				OTI	other thad I - Other I - Political ∣	al t Committee an PTY or SCC)

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE D
Statement covers period	CALIFORNIA 460
from10/01/2011	FORM 400
through <u>12/31/2011</u>	Page <u>28</u> of <u>49</u>
American Heart Association and Cancer	I.D. NUMBER 1322759

NAME OF FILER Yes on 29 - Californ Research Doctors	nians for a Cure, Sponsored by the American Cancer Society California Di	vision, Inc., American Lung	Association in California, A	merican Heart Associ	ation and Cancer	I.D. NI 1322	JMBER 759
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN.1 - DEC. 3	AR	PER ELECTION TO DATE (IF REQUIRED)
		☐ Monetary Contribution					
		Nonmonetary Contribution					
	Support Oppose	Independent Expenditure					
		Monetary Contribution					
		Nonmonetary Contribution					
	Support Oppose	Independent Expenditure					
		Monetary Contribution					
		Nonmonetary Contribution					
		Independent Expenditure					
	Support Oppose	<u> </u>					
			SUBTOTAL				
Schedule D 1. Contribution	Summary ns and independent expenditures made this period of \$	\$100 or more. (Includ	e all Schedule D sub	ototals.)			
2. Unitemized	contributions and independent expenditures made this	s period of under \$10	0				
3. Total contrib	outions and independent expenditures made this perio	d. (Add Lines 1 and 2	2. Do not enter on th	e Summary Pag	je.) 1	TOTAL	

Schedule E **Payments Made**

Type or print in ink. Amounts may be rounded to whole dollars.

	3CHEDULE E
Statement covers period	CALIFORNIA 460
from10/01/2011	FORM 400
through <u>12/31/2011</u>	Page <u>29</u> of <u>49</u>
maniage Haget Association and Conson	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 29 - Californians for a Cure, Sponsored by the American Cancer Society California Division, Inc., American Lung Association in California, American Heart Association and Cancer

SCHEDITIE E

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Chris Lehman Consulting Arcata, CA 95521	CNS		\$2,500.00
Chris Lehman Consulting Arcata, CA 95521		Travel Expenses	\$407.50
Maurice Williams Orinda, CA 94563	CNS		\$3,500.00

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$84,930.77
2. Unitemized payments made this period of under \$100.	\$0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4 Total payments made this period (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A. Line 6.)	L \$84,930.77

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 160
from10/01/2011	FORM 400
through <u>12/31/2011</u>	Page 30 of 49
American Heart Association and Cancer	I.D. NUMBER 1322759

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 29 - Californians for a Cure, Sponsored by the American Cancer Society California Division, Inc., American Lung Association in California, American Heart Association and Cancer Research Doctors

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

			member com				radio airtime and production costs	
	campaign consultants		meetings and		nces		returned contributions	
CTB	contribution (explain nonmonetary)*	OFC	office expens	ses		SAL	campaign workers' salaries	
CVC	civic donations	PET petition circulating		TEL	t.v. or cable airtime and production costs			
FIL	candidate filing/ballot fees	PHO	phone banks	_		TRC	candidate travel, lodging, and meals	
FND	fundraising events	POL polling and survey research		TRS	S staff/spouse travel, lodging, and meals			
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, deli	very and n	nessenger services	TSF	transfer between committees of the s	same candidate/sponsor
LEG	legal defense	PRO	professional	services (I	egal, accounting)	VOT	voter registration	
LIT	campaign literature and mailings	PRT	print ads		-	WEB	information technology costs (interne	et, email)
	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR	DESCRIPTION OF	PAYMENT	AMOUNT PAID

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DESCRIPTION OF PAYMENT	AMOUNT PAID
Rhys Williams Greenbrae, CA 94904	CNS		\$6,000.00
Chris Lehman Consulting Arcata, CA 95521		Travel Expenses	\$386.88
Olson Hagel & Fishburn LLP Sacramento, CA 95814	PRO		\$2,300.00
Anne Willcoxon Orinda, CA 94563	POS		\$331.23
Don Perata Orinda, CA 94563		Travel Expenses	\$77.00

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA ACO
from10/01/2011	FORM 40U
through <u>12/31/2011</u>	Page <u>31</u> of <u>49</u>
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 29 - Californians for a Cure, Sponsored by the American Cancer Society California Division, Inc., American Lung Association in California, American Heart Association and Cancer Research Doctors

1322759

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DESCRIPTION OF PAYMENT	AMOUNT PAID
Don Perata Orinda, CA 94563	MTG		\$1,390.41
Don Perata Orinda, CA 94563		Travel Expenses	\$2,148.36
Fidelio Media Group, Inc. San Francisco, CA 94118	WEB		\$75.00
Tramutola Oakland, CA 94611	CNS		\$10,000.00
Tramutola Oakland, CA 94611	POS		\$334.40

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 460
from10/01/2011	FORM 400
through <u>12/31/2011</u>	Page <u>32</u> of <u>49</u>
•	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 29 - Californians for a Cure, Sponsored by the American Cancer Society California Division, Inc., American Lung Association in California, American Heart Association and Cancer Research Doctors

1.D. NOMB 1322759

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

	1 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		member communications		radio airtime and production costs
	campaign consultants contribution (explain nonmonetary)*		meetings and appearances		returned contributions
	civic donations		office expenses petition circulating		campaign workers' salaries t.v. or cable airtime and production costs
			phone banks		candidate travel, lodging, and meals
	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)		voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	0	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Tramutola Oakland, CA 94611	FND			\$425.81
U.S. Bank Sacramento, CA 95814	OFC			\$18.01
U.S. Bank Sacramento, CA 95814	OFC			\$10.15
Fidelio Media Group, Inc. San Francisco, CA 94118	WEB			\$75.00
Tramutola Oakland, CA 94611	CNS			\$10,000.00

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 460
from10/01/2011	FORM 400
through <u>12/31/2011</u>	Page <u>33</u> of <u>49</u>
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 29 - Californians for a Cure, Sponsored by the American Cancer Society California Division, Inc., American Lung Association in California, American Heart Association and Cancer Research Doctors

1.D. NUMB 1322759

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

	campaign paraphernalia/misc. campaign consultants		member communications meetings and appearances		radio airtime and production costs returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings		print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE O	R DESCRIPTION OF PAYMENT	AMOUNT PAID
Polka Consulting Rescue, CA 95672	CNS		\$8,990.18
Arno Political Consultants, Inc. Carlsbad, CA 92008	PET		\$8,990.18
Chris Lehman Consulting Arcata, CA 95521	CNS		\$2,500.00
Olson Hagel & Fishburn LLP Sacramento, CA 95814	PRO		\$243.77
Olson Hagel & Fishburn LLP Sacramento, CA 95814	PRO		\$2,056.23

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 460
from10/01/2011	FORM TOO
through <u>12/31/2011</u>	Page <u>34</u> of <u>49</u>
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 29 - Californians for a Cure, Sponsored by the American Cancer Society California Division, Inc., American Lung Association in California, American Heart Association and Cancer Research Doctors

1322759

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CNS	campaign paraphernalia/misc. campaign consultants	MTG m	nember communications neetings and appearances	RFD	radio airtime and production costs returned contributions
СТВ	contribution (explain nonmonetary)*	OFC of	ffice expenses	SAL	campaign workers' salaries
CVC	civic donations		etition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees		hone banks		candidate travel, lodging, and meals
	fundraising events		olling and survey research		staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS po	ostage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO pi	rofessional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT pi	rint ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OI	R DESCRIPTION OF PAYMENT	AMOUNT PAID
Stephanie DeHerrera Orinda, CA 94563	FND			\$2,500.00
Rhys Williams Greenbrae, CA 94904	CNS			\$6,000.00
Maurice Williams Orinda, CA 94563	CNS			\$3,500.00
U.S. Bank Sacramento, CA 95814	OFC			\$10.40
U.S. Bank Sacramento, CA 95814	OFC			\$18.30

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 460
from10/01/2011	FORM 400
through <u>12/31/2011</u>	Page <u>35</u> of <u>49</u>
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 29 - Californians for a Cure, Sponsored by the American Cancer Society California Division, Inc., American Lung Association in California, American Heart Association and Cancer Research Doctors

1.D. NUMB 1322759

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
PRO		\$2,005.36
CNS		\$7,500.00
	Travel Expenses	\$86.39
PRO		\$294.64
OFC		\$10.75
	PRO	PRO CNS Travel Expenses PRO

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)			
Statement covers period	CALIFORNIA A CO			
from10/01/2011	FORM 40U			
through <u>12/31/2011</u>	Page <u>36</u> of <u>49</u>			
	I.D. NUMBER			

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 29 - Californians for a Cure, Sponsored by the American Cancer Society California Division, Inc., American Lung Association in California, American Heart Association and Cancer Research Doctors

1.D. NOMB 1322759

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
	fundraising events		polling and survey research		staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
U.S. Bank Sacramento, CA 95814	OFC			\$244.82

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$84,930.77

Schedule F **Accrued Expenses (Unpaid Bills)**

Type or print in ink. Amounts may be rounded to whole dollars.

		OOHEDOLET
Statement covers period		CALIFORNIA 460
from	10/01/2011	FORM TOO
through	12/31/2011	Page <u>37</u> of <u>49</u>
	•	LD NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 29 - Californians for a Cure, Sponsored by the American Cancer Society California Division, Inc., American Lung Association in California, American Heart Association and Cancer Research Doctors

I.D. NUMBER 1322759

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaig	ign paraphernalia/misc. MBI	R member communications	RAD	radio airtime and production costs
CNS campaid	ign consultants MT0	G meetings and appearances	RFD	returned contributions
CTB contribu	ution (explain nonmonetary)*	C office expenses	SAL	campaign workers' salaries
CVC civic do	onations PET	Γ petition circulating	TEL	t.v. or cable airtime and production costs
FIL candida	ate filing/ballot fees PHG	O phone banks	TRC	candidate travel, lodging, and meals
FND fundrais	sing events POI	L polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND indeper	ndent expenditure supporting/opposing others (explain)* POS	S postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG legal de	efense PR0	O professional services (legal, accounting)	VOT	voter registration
LIT campaig	ign literature and mailings PR	Γ print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Polka Consulting Rescue, CA 95672	CNS	\$23,890.33	\$0.00	\$8,990.18	\$14,900.15
Don Perata Orinda, CA 94563	Travel Expenses	\$0.00	\$4.25	\$0.00	\$4.25
Polka Consulting Rescue, CA 95672	CNS	\$25,000.00	\$0.00	\$0.00	\$25,000.00

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTALS

Schedule F Summary

1	. Total acc	rued expenses	incurred this period.	. (Include all	Schedule F,	Column (b)	subtotals for
	accrued	expenses of \$1	00 or more, plus tota	al unitemized	d accrued exp	oenses unde	r \$100.)

INCI	IRRED	TOTAL	S \$56,109.01
$\Pi \mathbf{V} \mathbf{V}$	ソハハヒレ	IVIAL	Ψ50,107.01

- 2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on
- 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.).....

NET	\$33,786.24	
	Marchaganastica	

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period		CALIFORNIA 460
from _	10/01/2011	FORM 400
through	h <u>12/31/2011</u>	- Page <u>38</u> of <u>49</u>
		I.D. NUMBER

NAME OF FILER
Yes on 29 - Californians for a Cure, Sponsored by the American Cancer Society California Division, Inc., American Lung Association in California, American Heart Association and Cancer Research Doctors

1322759

CODES: If one of the following codes accurately describe	es the payment, you may enter the code. Otherwise	e, describe the payment.
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)
*Payments that are contributions or independent expenditures must also be s	ummarized on Schedule D.	

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Arno Political Consultants, Inc. Carlsbad, CA 92008	PET	\$73,390.33	\$0.00	\$8,990.18	\$64,400.15
Arno Political Consultants, Inc. Carlsbad, CA 92008 Memo Reference: PAY227	PET	\$96,558.57	\$0.00	\$0.00	\$96,558.57
Polka Consulting Rescue, CA 95672	CNS	\$2,500.00	\$0.00	\$0.00	\$2,500.00
Olson Hagel & Fishburn LLP Sacramento, CA 95814	PRO	\$2,543.77	\$0.00	\$2,543.77	\$0.00

Type or print in ink.
Amounts may be rounded to whole dollars.

	OOHLDOLL I (OON)
Statement covers period	CALIFORNIA 460
from10/01/2011	FORM 400
through <u>12/31/2011</u>	Page <u>39</u> of <u>49</u>
	ID NIIMBED

NAME OF FILER
Yes on 29 - Californians for a Cure, Sponsored by the American Cancer Society California Division, Inc., American Lung Association in California, American Heart Association and Cancer Research Doctors

1322759

CODES: If one of the following codes accurately describe:	s the payment, you may enter the code. Otherwise,	, describe the payment.
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)
*Payments that are contributions or independent expenditures must also be su	mmarized on Schedule D.	

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Anne Willcoxon Orinda, CA 94563	POS	\$331.23	\$0.00	\$331.23	\$0.00
Don Perata Orinda, CA 94563	Travel Expenses	\$77.00	\$0.00	\$77.00	\$0.00
Don Perata Orinda, CA 94563	MTG	\$1,390.41	\$0.00	\$1,390.41	\$0.00
Anne Willcoxon Orinda, CA 94563	CNS	\$0.00	\$5,000.00	\$0.00	\$5,000.00

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period from $\frac{10/01/2011}{}$	CALIFORNIA 460
through <u>12/31/2011</u>	— Page <u>40</u> of <u>49</u>
	LD NUMBER

WEB information technology costs (internet, email)

NAME OF FILER

Yes on 29 - Californians for a Cure, Sponsored by the American Cancer Society California Division, Inc., American Lung Association in California, American Heart Association and Cancer Research Doctors

1.D. NUMBER 1322759

COD	CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.						
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs		
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions		
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries		
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs		
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals		
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals		
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor		
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration		

LIT campaign literature and mailings PRT print ads *Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Anne Willcoxon Orinda, CA 94563	MTG	\$0.00	\$188.65	\$0.00	\$188.65
Anne Willcoxon Orinda, CA 94563	POS	\$0.00	\$163.38	\$0.00	\$163.38
Anne Willcoxon Orinda, CA 94563	OFC	\$0.00	\$325.48	\$0.00	\$325.48
Anne Willcoxon Orinda, CA 94563	OFC	\$0.00	\$156.79	\$0.00	\$156.79

Type or print in ink.
Amounts may be rounded to whole dollars.

		00::=20==: (00::::)
	ement covers period	CALIFORNIA 460
from _	10/01/2011	FORM TOO
throug	h <u>12/31/2011</u>	Page <u>41</u> of <u>49</u>
		LD NUMBER

NAME OF FILER

Yes on 29 - Californians for a Cure, Sponsored by the American Cancer Society California Division, Inc., American Lung Association in California, American Heart Association and Cancer Research Doctors

I.D. NUMBER 1322759

COD	CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.						
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs		
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions		
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries		
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs		
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals		
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals		
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor		
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration		
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)		

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Anne Willcoxon Orinda, CA 94563	Travel Expenses	\$0.00	\$870.72	\$0.00	\$870.72
Stephanie DeHerrera Orinda, CA 94563	FND	\$0.00	\$2,500.00	\$0.00	\$2,500.00
Olson Hagel & Fishburn LLP Sacramento, CA 95814	PRO	\$0.00	\$3,013.53	\$0.00	\$3,013.53
Tramutola Oakland, CA 94611	CNS	\$0.00	\$5,000.00	\$0.00	\$5,000.00

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period from10/01/2011	CALIFORNIA 460
through <u>12/31/2011</u>	Page <u>42</u> of <u>49</u>
	I D NUMBER

NAME OF FILER
Yes on 29 - Californians for a Cure, Sponsored by the American Cancer Society California Division, Inc., American Lung Association in California, American Heart Association and Cancer Research Doctors

1322759

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.						
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs				
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions				
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries				
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs				
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals				
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals				
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor				
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration				
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)				
*Payments that are contributions or independent expenditures must also be sur	*Payments that are contributions or independent expenditures must also be summarized on Schedule D					

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Don Perata Orinda, CA 94563	MTG	\$0.00	\$735.39	\$0.00	\$735.39
Don Perata Orinda, CA 94563	OFC	\$0.00	\$601.24	\$0.00	\$601.24
Don Perata Orinda, CA 94563	POS	\$0.00	\$5.80	\$0.00	\$5.80
Don Perata Orinda, CA 94563	Travel Expenses	\$0.00	\$152.00	\$0.00	\$152.00

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from $\frac{10/01/2011}{}$ CALIFORNIA 460 through $\frac{12/31/2011}{}$ Page $\frac{43}{}$ of $\frac{49}{}$

NAME OF FILER

Yes on 29 - Californians for a Cure, Sponsored by the American Cancer Society California Division, Inc., American Lung Association in California, American Heart Association and Cancer Research Doctors

I.D. NUMBER 1322759

COD	CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.						
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs		
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions		
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries		
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs		
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals		
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals		
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor		
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration		
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)		
*Paym	ents that are contributions or independent expenditures must also be summ	arized	on Schedule D.				

(d) OUTSTANDING (a) OUTSTANDING (b) AMOUNT INCURRED (c) AMOUNT PAID NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE OR DESCRIPTION OF PAYMENT **BALANCE BEGINNING** THIS PERIOD THIS PERIOD BALANCE AT CLOSE OF THIS PERIOD (ALSO REPORT ON E) OF THIS PERIOD Fidelio Media Group, Inc. WEB \$0.00 \$297.56 \$0.00 \$297.56 San Francisco, CA 94118 Fairbank, Maslin, Maullin, Metz & Associates, Inc. POL \$0.00 \$37,000.00 \$0.00 \$37,000.00 Santa Monica, CA 90404 **SUBTOTALS** \$225,681.64 \$56,014.79 \$22,322.77 \$259,373.66

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE G
Statement covers period	CALIFORNIA A CO
from10/01/2011	FORM 40U
through _12/31/2011	Page 44 of 49
·	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 29 - Californians for a Cure, Sponsored by the American Cancer Society California Division, Inc., American Lung Association in California, American Heart Association and Cancer Research Doctors

.D. NUMBEF 1322759

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Don Perata

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.							
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs					
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions					
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries					
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs					
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals					
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals					
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor					
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration					
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)					
* Payments that are contributions or independent expenditures must also be su	* Payments that are contributions or independent expenditures must also be summarized on Schedule D						

NAME AND ADDRESS OF PAYEE OR CREDITOR
(IF COMMITTEE, ALSO ENTER LD. NUMBER)

Southwest Airlines
Dallas, TX 75235

Hilton Checkers Los Angeles
Los Angeles, CA 90071

CODE
OR
DESCRIPTION OF PAYMENT

Travel Expenses

\$1,186.60

Travel Expenses

\$961.76

Hilton Checkers Los Angeles
Los Angeles, CA 90071

Travel Expenses

\$961.76

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$2148.36

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule H – Loans Made to Others*

Type or print in ink. Amounts may be rounded

	SCHEDULE H
Statement covers perio	CALIFORNIA 460
from 10/01/2011	FORM 40U

Loans Made to Others*	to whole dollars.			from 10/01/2011 through 12/31/2011		FORM 460		
SEE INSTRUCTIONS ON REVERSE						Page <u>45</u>	_ of 49	
NAME OF FILER Yes on 29 - Californians for a Cure, Sponsored by the Research Doctors	American Cancer Society California	Division, Inc., Ame	rican Lung Associ	ation in California, A	merican Heart Assoc	iation and Cancer	I.D. NUMBER 1322759	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				PAID				CALENDAR YEAR
				FORGIVEN		RATE		PER ELECTION**
					DATE DUE		DATE INCURRED	
				PAID				CALENDAR YEAR
				FORGIVEN		RATE %		PER ELECTION**
					DATE DUE		DATE INCURRED	.
Loans that are contributions to another candidate must also be summarized on Schedule D. Loans also be reported on Schedule E.		SUBTOTALS						
			1	ı	1	(Enter (e) on Schedule I, Line 3)		
Schedule H Summary							_	
Loans made this period Total Column (b) plus unitemized loans	s less than \$100.)							** If Required
Payments received on loans Total Column (c) plus unitemized paym								
3. Net change this period. (Subtract Line Enter the net here and on the Summar	e 2 from Line 1.)y Page, Column A, Line 7.)			NET(May be a ne	gative number)		

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule I Miscellaneous Increases to Cash

Type or print in ink. Amounts may be rounded

		SCHEDULE I
Statement covers period		CALIFORNIA 160
from _	10/01/2011	FORM 46U

wiscenarieous i		ole dollars.	from	10/01/2011	CALIFORNIA FORM	⁴ 460	
SEE INSTRUCTIONS ON REV	VERSE		through <u>12/31/2011</u>		_ Page 46	_ of 49	
IAME OF FILER	a Cure, Sponsored by the American Cancer Society California Division, Inc., American Lung	Association in California, A	American He	art Association and Cancer	I.D. NUMBER 1322759		
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			DESCRIPTION OF RECEIPT			
Attach additional information on appropriately labeled continuation sheets.			SUBTOTAL \$.00				
Schedule I Sumn	-						
. Increases to cash of	of \$100 or more this period			\$.00			
2. Unitemized increas	ses to cash under \$100 this period			\$.00	<u> </u>		
3. Total of all interest	received this period on loans made to others. (Schedule H, Column $$	(e).)		\$.00	<u> </u>		
	s increases to cash this period. (Add Lines 1, 2, and 3. Enter here ar		то.	FAL \$ 00			
Summary Page, Li	ine 14.)		10	TAL <u>\$.00</u>	FPPC Form	n 460 (June/01	

FPPC Toll-Free Helpline: 866/ASK-FPPC

A D. f DA V227
Memo Reference: PAY227 Amount Reduced Due to Settlement Agreement
Memo Reference: PAY73 Contribution is loan at 0% interest
Contribution is total at 0% interest
Memo Reference: PAY77 Contribution is loan at 0% interest
Contribution is Ioan at 0% interest
Memo Reference: PAY85 Contribution is loan at 0% interest
Contribution is loan at 0% interest

Anna D. farranti DAVOO
Memo Reference: PAY89 Contribution is loan at 0% interest
Memo Reference: PAY106 Contribution is loan at 0% interest
Contribution is total at 0% interest
Memo Reference: PAY118
Contribution is loan at 0% interest
Memo Reference: PAY120 Contribution is loan at 0% interest
Contribution is loan at 0% interest

N. D.C. DAYGO	
Memo Reference: PAY125 Contribution is loan at 0% interest	
Memo Reference: PAY168	
Contribution is loan at 0% interest	
Memo Reference: PAY189	
Contribution is loan at 0% interest	
M D C DAVIO	
Memo Reference: PAY192 Contribution is loan at 0% interest	